

# School's Out!



## Swim & Gym

### Friday, February 2, 2007

**For:** Children in Grades 1-5    **Time:** 8:30am -12:30pm

**LOCATION:** The Aquatic and Family Center at JFK School

**FEE:** \$20.00

#### ACTIVITIES INCLUDE:

- ◇ Swimming!
- ◇ Gym/Outdoor Games and fun!
- ◇ Craft Projects: Celebrate Valentine's Day!

#### WHAT TO BRING

- \_\_\_ Sneakers
- \_\_\_ Bathing suit
- \_\_\_ Towel
- \_\_\_ Snack
- \_\_\_ Gym Clothing
- \_\_\_ Outdoor Clothing
- \_\_\_ Desire to have fun



Northampton Public schools do not endorse, supervise or participate in the organization distributing this literature.

**Space is limited. Pre- registration is required!**

**Mail in registration below to:** Northampton Recreation Department, 90 Locust St. Northampton, MA 01060  
Call us at 587-1040 for more information or [www.northamptonma.gov/recreation](http://www.northamptonma.gov/recreation)

#### SWIM AND GYM—February 2, 2007

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parents Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Other Emergency Contacts \_\_\_\_\_ Phone \_\_\_\_\_

#### Special Considerations: Allergies, etc.

I give permission for my child to participate in the Northampton Recreation Department "School's Out/ Swim and Gym" program. I also give permission for the staff to administer basic medical care if needed. In the event of a medical emergency and I am unable to be reached by telephone, I give permission for emergency medical services to be given as deemed necessary by emergency physicians.

Parent or Guarding Signature \_\_\_\_\_ Date \_\_\_\_\_

Charge my: Visa ☐ Mastercard ☐ Name on Card: \_\_\_\_\_ Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature of card holder \_\_\_\_\_

For Office Use: Amount Paid \_\_\_\_\_ Check/Cash/Credit \_\_\_\_\_ Date \_\_\_\_\_ RT \_\_\_\_\_ Date \_\_\_\_\_